



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
215 WEST MAIN STREET/P.O. BOX 517  
FRANKFORT, KENTUCKY 40602  
502-564-6082 FAX 502-564-4604**

**APPLICATION FOR LICENSE AS AN ADVISORY ORGANIZATION,  
FORM PROVIDER, OR STATISTICAL AGENT (KRS 304.13-091)**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail address \_\_\_\_\_

Type of License Requested: \_\_\_\_\_ Advisory Organization \_\_\_\_\_ Form Provider \_\_\_\_\_ Statistical Agent  
(Advisory organizations wishing to operate as statistical agents or form providers may be so authorized under their license as an advisory organization if requested. A separate license is not required. KRS 304.13-091(9) effective 7-14-2000)

• In submitting your application for a license, the following, with supporting documents, must be provided:

1. Check for \$500.00 payable to the Kentucky State Treasurer. KRS 304.010, 806 KAR 4:010)
2. Copy of constitution, articles of agreement or association, or certification of incorporation, including by-laws, rules and regulations.
3. Specify the authorized activity for which the license is requested.
4. Statement of technical qualification for authorized activity including a narrative plan of proposed operations in the Commonwealth of Kentucky.
5. Date of last examination report. Certified copy to be furnished if not previously submitted.
6. Line(s) of business under which member insurers report premium and loss statistics.
7. Classification of membership (i.e. member, subscriber, manual purchaser).
8. List of current members, subscribers, customers, etc. Biography of ownership, directors or trustees, and management. List of current Directors (Trustees) and officers.
9. Name and address of designated Kentucky resident upon whom notices, process affecting it, or orders of the Commissioner may be served.
10. Copy of last annual report (including financial statements).